

2013 Flu Shot Completion Form

Personal Benefit Account (PBA)

City of Green Bay

This form is to be completed by **your provider when you get a flu shot. This form is not required if you have the flu shot done by the City Occupational Health Nurse.** Send completed forms to City of Green Bay Wellness Coach (information at the bottom of the form). If you have any questions, please call the Wellness Coach at (920) 448-3101.

Please have this form filled out for each member covered under the City Insurance plan to receive the PBA dollars.

Insurance Card Holder Name: _____ ee / retiree
(circle one)

Name of person who had service completed: _____ ee / retiree / sp / dependent
(circle one)

Department of employee:

- ☐ DPW
- ☐ Fire
- ☐ Park/Rec/Forestry
- ☐ Police
- ☐ Transit
- ☐ Water
- ☐ All Other

Flu Shot Date of Service: ____/____/____

Provider Name: _____

Address: _____

Provider Signature: _____

OR

Attach your EOB (Explanation of Benefits form) to this form.

Participant's Signature: _____

Date: ____/____/____

*Return completed form to the City Wellness Coach:
City of Green Bay,
100 N. Jefferson St. Room 500. Green Bay, WI 54301-5006
Or fax to: 920-448-3128 ATTN: Wellness Coach
Please retain a copy of this form for your records.*

For Internal Use Only

Date entered on spreadsheet:

____/____/____